

Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form  
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)  
☐ Special Odd-Year Campaign Report  
☐ Semi-annual Statement  
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period

from Oct. 1, 1994

through Oct. 22, 1994

Date of election if applicable:  
(Month, Day, Year)

November 8, 1994

Date Stamp

RECEIVED

OCT 26 PM 1:32

DAVID P. WARNER  
CLERK

COVER PAGE LONG FORM

CALIFORNIA  
1994 FORM 490

Page 1 of 6  
For Official Use Only

I Officeholder, Candidate, and Controlled Committee  
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

David P. Warner

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

COMMITTEE NAME

Committee to Elect David P. Warner

I.D. NUMBER

942721

David P. Warner

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

711 Willow Glen Drive

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
Lodi, CA 95240 (209) 368-5175

II Other Committees Not Included in this Statement: List any other  
committees not included in this consolidated statement that are controlled by you and any  
committees of which you have knowledge that are primarily formed to receive contributions  
or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct. 25, 1994 At Lodi, CA  
DATE CITY AND STATE

By David P. Warner  
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct. 25, 1994 At Lodi, CA  
DATE CITY AND STATE

By David P. Warner  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE At CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE At CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David P. Warner

Statement covers period from <u>Oct. 1, 1994</u> through <u>Oct. 22, 1994</u>		<b>CALIFORNIA</b> <b>1994 FORM</b> <b>490</b>
Page <u>2</u> of <u>6</u>		
I.D. NUMBER 942721		

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions .....	Schedule A, Line 3	\$ 3947.00	\$ 4029.00	\$ 7976.00
2. Loans Received .....	Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 3947.00	\$ 4029.00	\$ 7976.00
4. Non-monetary Contributions .....	Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) .....	Add Lines 3 + 4	\$ 3947.00	\$ 4029.00	\$ 7976.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) .....	Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 5 + 6	\$ 3947.00	\$ 4029.00	\$ 7976.00

## Expenditures Made

8. Cash Payments (Other than Loans Made) .....	Schedule E, Line 5	\$ 1221.74	\$ 1990.53	\$ 3212.27
9. Loans Made .....	Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS .....	Add Lines 8 + 9	\$ 1221.74	\$ 1990.53	\$ 3212.27
11. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 5	161.10	-0-	161.10
12. TOTAL EXPENDITURES MADE .....	Add Lines 10 + 11	\$ 1382.84	\$ 1990.53	\$ 3373.37

## Current Cash Statement

13. Beginning Cash Balance .....	Previous Summary Page, Line 17	\$ 2038.47
14. Cash Receipts .....	Column A, Line 3 above	3947.00
15. Miscellaneous Increases to Cash .....	Schedule I, Line 4	-0-
16. Cash Payments .....	Column A, Line 10 above	1221.74
17. ENDING CASH BALANCE .....	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 4763.73

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

18. LOAN GUARANTEES RECEIVED .....	Schedule B, Part I, Column (b)	\$ -0-
------------------------------------	--------------------------------	--------

## Cash Equivalents and Outstanding Debts

19. Cash Equivalents .....	See Instructions on reverse	\$ -0-
20. Outstanding Debts .....	Add Line 2 + Line 11 in Column C above	\$ -0-

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received .....	\$	7976.00
22. Expenditures Made .....	\$	3373.37

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>Oct. 1, 1994</u> through <u>Oct. 22, 1994</u>		CALIFORNIA 1994 FORM <b>490</b>
		Page <u>3</u> of <u>6</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE David P. Warner		I.D. NUMBER 942721

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/19/94	Pacific Coast Producers PAC P.O. Box 1600 Lodi, CA 95241 ID # 901743		200.00	200.00	

**SUBTOTAL \$ 200.00**

## Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 200.00
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 3747.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 3947.00**

# Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>Oct. 1, 1994</u> through <u>Oct. 22, 1994</u>	CALIFORNIA 1994 FORM <b>490</b>
Page <u>4</u> of <u>6</u>	I.D. NUMBER <u>942721</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David P. Warner

## CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
King Video Cable 1521 S. Stockton Street Lodi, CA 95240	B		76.95

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 76.95

## Payments and Contributions Made Summary

- |   |                  |
|---|------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                    | \$ 1221.74       |
| 2. Payments made this period of under \$100. (Do not itemize.)  | \$ -0-           |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)         | \$ -0-           |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)                   | \$ -0-           |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ 1221.74 |

**Schedule E  
(Continuation Sheet)  
Payments and Contributions  
(Other Than Loans) Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (cont.)

Statement covers period from <u>Oct. 1, 1994</u> through <u>Oct. 22, 1994</u>	CALIFORNIA 1994 FORM <b>490</b>
Page <u>5</u> of <u>6</u>	I.D. NUMBER 942721

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

**CODES FOR CLASSIFYING EXPENDITURES**

"C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES	"B" -- BROADCAST ADVERTISING	"G" -- GENERAL OPERATIONS AND OVERHEAD
"I" -- INDEPENDENT EXPENDITURES	"N" -- NEWSPAPER AND PERIODICAL ADVERTISING	"T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
"L" -- LITERATURE	"O" -- OUTSIDE ADVERTISING	"P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
	"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS	
	"F" -- FUNDRAISING EVENTS	

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Johnson Photography 324 West Lockeford Street Lodi, CA 95240			Photos	70.04
Postmaster 120 S. School St. Lodi, CA 95241			Postage	241.34
Photo Instant Print 222 W. Pine Street Lodi, CA 95241	L			103.94
Lodi Printing Company P. O. Box 479 Lodi, CA 95241	L			535.52
Abrahamson Printing 15A West Pine Street Lodi, CA 95240	0			193.95

**SUBTOTAL \$ 1144.79**

# Schedule F Accrued Expenses (Unpaid Bills)

Write or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>Oct. 1, 1994</u> through <u>Oct. 22, 1994</u>	CALIFORNIA STATE FORM <b>490</b> Page <u>6</u> of <u>6</u>
I.D. NUMBER 942721	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David P. Warner

## CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.		
	CODE	OR DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
Lodi News-Sentinel 125 N. Church Street Lodi, CA 95240	N		161.10

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 161.10

## Accrued Expenses Summary

- |   |                          |
|---|--------------------------|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)   | \$ 161.10                |
| 2. Accrued expenses this period of under \$100. (Do not itemize.)   | \$ -0-                   |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)  | INCURRED TOTAL \$ 161.10 |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)                     | PAID TOTAL \$ (-0-)      |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$ 161.10            |

May be a negative number.